

- (6) Fellows must be able to read and speak the language of the host country. An interview may be required to assess verbal fluency.
- (7) Fellowships will be offered primarily for clinical training of one to two years duration.
- (8) Clinical training programs should be practical in their orientation, and applicable to the needs and conditions of the home country. The ability of the host institution to provide such training will be an important factor in the selection process.
- (9) Fellows must have received sufficient training in internal medicine or other fields to pass all host country examinations that are necessary to the care of patients. Fellowships may be awarded to senior individuals who seek additional training but, in general, preference will be given to younger physicians who are at the beginning of their permanent careers.
- (10) Specific instructions and the necessary application forms can be obtained by writing directly to Jan J. Weening, M.D., Academic Medical Center, Meibergdreef 9, 1105 AZ Amsterdam, The Netherlands.

For submission of manuscripts and announcements

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Kidney International invites brief announcements of meetings, courses, workshops, and so forth, pertaining to nephrology. Please send the announcement, complete with dates, location of meeting, and correspondent's name, address, and phone number **at least 7 months** in advance of the time of the event. Announcements are inserted into the publication schedule when they arrive in the Editorial Office until the month of the event. Announcements should be sent to the above-stated address for the Editorial Office in Little Rock, Arkansas, USA.

Errata

Color figures for Pimental JL, Martinez-Maldonado M, Wilcox JN, Wang S, and Luo C: Regulation of renin-angiotensin system in unilateral ureteral obstruction (*Kidney Int* 44: 390-400) were sponsored by Marion Merrell Dow, Inc.

The following table was intended to appear in Nissenson AR, Prichard SS, Cheng IKP, Gokal R, Kubota M, Maiorca R, Riella MC, Rottembourg J, and Stewart JH: Non-medical factors that impact on ESRD modality selection (*Kidney Int* S40: S120-S127). The editor regrets the error.

Appendix 1: Physician and Facility Reimbursement for ESRD Treatment*

Country	Hemodialysis		Peritoneal Dialysis		Modality Utilization	
	Physician	Facility	Physician	Facility	HD	CPD
Australia	S	G	S	G	69	31
Austria	S	G	S	I	93	7
Brazil (Public)	756	8900	264	13450	79	21
(Private)	756	8900	660	13450		
Canada	3806-12558	G	1177-2434	G	63	37
China	S	7840	S	4900	86	14
Denmark	S	G	S	G	63	37
Finland	S	R	S	41700	52	48
France (Hospital)	S	G	S	G	87	13
(Clinic)	7020	46332	No Fee	None	100	0
(Auto)	P	26364	No Fee	None	100	0
(Home)	S	29484	S	26208	87	13
Germany (Hospital)	S	G	S	G	93.6	6.4
(Kuratorium)	S	30160	S	22060	87	13
(Private)	3640	23636	1134	22060	98.4	1.6
Hong Kong	N.A.	Self Pay	N.A.	Self Pay	32	68
Iceland	S	G	S	G	68	32
Indonesia	N.A.	6800	N.A.	6800	94	6
Italy (Public)	S	G	S	G	85	15.5
(Private)	P	N.A.	No Fee	None	100	0

Appendix 1: Continued

Country	Hemodialysis		Peritoneal Dialysis		Modality Utilization	
	Physician	Facility	Physician	Facility	HD	CPD
Japan	11572	42548	5930	37942	94	6
Korea	P	9700	657	13160	70	30
Malaysia	N.A.	4800	N.A.	4200	93	7
Mexico	S	G	S	G	9	91
New Zealand	S	G	S	G	50	50
Norway	S	G	S	G	74	26
Philippines	S	Self Pay	S	Self Pay	75	25
Singapore	N.A.	2600	N.A.	2600	77	23
Spain (Hospital)	S	G	S	G	83.5	16.5
(Auto)	P	14664	No Fee	14560	100	0
(Home)	S	16692	S	14560	85.5	14.5
Sweden	S	R	S	28000	63	37
Switzerland	S	47000	S	30000	80	20
Taiwan	9660	23100	288	17100	95	5
Thailand	N.A.	10000	N.A.	8000	45	55
United Kingdom	S	G	S	G	49	51
United States	1584–2438	20280	1584–2636	20280	83	17
Venezuela (Public)	S	15792+	S	18300	50	50
(Private)	3230	15792+	No Fee	18300	83	17

* All numbers are in U.S. dollars/yr/pt:

For physician reimbursement: S = salaried; P = physician gets total reimbursement minus the cost of goods and services;

For facility reimbursement: G = public funding, usually by a global mechanism for a facility or region (see text); R = reimbursement is at cost plus 5%; I = private insurance payments on an individual patient basis; Self-pay = individual patient or non-governmental charity pays the cost of treatment.

N.A. = Not available